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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9618

Registration District No. 399

Primary Registration District No. 1022

Registrar's No. 1052

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1212 E Mo Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community —
270

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo.
(b) County Jackson
(c) City or town K. C. (If outside city or town limits, write "RURAL")
(d) Street No. 1212 Mo Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ______ years.

3. (a) PRINT FULL NAME ST. JOHN BACKUS

St. John Backus

3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 6 (Day) 1865 (Year)

8. AGE: Years 74 Months 8 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business Farmer
9

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Kimbell Backus
(b) Address Olathe Kansas
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 3-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sac City Iowa
18. (a) Signature of funeral director H. Tiguman & Son
(b) Address K. C. Mo
19. (a) 3-7-40 (Date received local registrar)
(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 3-2-40 year ___ hour ___ minute 1:30 P. M.

21. I hereby certify that I attended the deceased from ______, 19__; Deputy Coroner
that I last saw h__ alive on ______, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema
Due to: Hypertrophy of the heart
Chronic aortic & mitral sclerotic valvular disease

Duration

Other conditions (Include pregnancy within 3 months of death)
92a

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury

23. Signature [signature] (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Francis Walton, Registered Apprentice No. 2744,

working under my personal supervision.

Francis Walton.

Signed By J. K. Ingram

Licensed Embalmer No. 2744

P. O. Address R. F. D. No. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.